

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 / 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

**A.** Full Name (Last, First, Middle Initial)  
**MIKE THOMPSON FOR CONGRESS**

Mailing Address 5429 Madison Avenue

City State Zip Code  
Sacramento CA 95841Purpose of Disbursement  
Contribution to Federal CandidateCandidate Name  
Rep. Mike ThompsonCategory/  
TypeOffice Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: CA District: 01

Transaction ID: D106669

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	1	0

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
**CITIZENS TO ELECT PHIL ROE TO CONGRESS**

Mailing Address PO BOX 1037

City State Zip Code  
JONESBOROUGH TN 37659Purpose of Disbursement  
Contribution to Federal CandidateCandidate Name  
Rep. Phil Roe, MDCategory/  
TypeOffice Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: TN District: 01

Transaction ID: D106671

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	1	0

Amount of Each Disbursement this Period

1500.00

**C.** Full Name (Last, First, Middle Initial)  
**STEVE AUSTRIA FOR CONGRESS**

Mailing Address 2537 Obetz Drive

City State Zip Code  
Beavercreek OH 45434Purpose of Disbursement  
Contribution to Federal CandidateCandidate Name  
Rep. Steve AustriaCategory/  
TypeOffice Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: OH District: 07

Transaction ID: D106674

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	1	0

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....